

# State of Connecticut

## GENERAL ASSEMBLY



### Medical Assistance Program Oversight Council Care Management (PCCM/PCMH) Committee

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Co-Chairs: Rep. Michelle Cook & Rep. Hilda Santiago

### MEETING MINUTES

Wednesday, April 15, 2015

10:00 AM in ROOM 2A OF THE LOB

*Attendance is on Record with the Council.*

**I.** The meeting was called to order at 9:36 PM by the Chair, Representative Santiago. She explained that Co-Chair, Rep. Cook would be in and out due to other meetings, and that she would have to leave at 11:00 PM.

Rep. Santiago introduced herself as the new Co-Chair of the committee.

Introductions were made by those in attendance.

**II.** Kate McEvoy of the Department of Social Services (DSS) thanked Rep. Santiago for joining the committee and started with a procedural update on Medicaid. Having satisfied the first two requirements to move forward with the Medical Quality Improvement and Shared Savings Model (MQISSP), DSS formally started a relationship with Mercer. She added that the Department decided to extend the MQISSP timeframe, from January 1, 2016 to July 1, 2016 and she will update the committee of the response from CMS. The floor was opened to questions and comments.

Sharron Langer asked if obtaining approval from CMS was through the same process the Behavioral Health Partnership had been going through.

Kate McEvoy explained that challenges in state plan amendments are impacted by a new requirement by CMS. With nothing pending that indicates that there will be procedural issues with CMS, she believes they will not run into similar issues the Behavioral Health Council did.

A question was asked about needing to define the length of the extension.

Kate McEvoy said she believes that CMS wants to commit to a set date and that there are dependencies within the SIM project.

A question was asked if this would take a state plan amendment or a waiver.

Kate McEvoy responded that Mercer has prepared a document showing the necessary timeframe and steps needed to be taken and they believed it would be done through a state plan amendment.

A comment was added about the 6 month date being able to be changed if necessary.

Rep. Santiago had the two members who joined the meeting to introduce themselves.

A comment was made about this being a responsible system that doesn't come with issues. It was suggested that work groups be used in order to continue to have MAPOC's oversight of the program consist of a variety of inputs on the different subject matters.

Kate McEvoy welcomed the opportunity to walk through the documents. She began with the first document titled, a Brief Primer on MQISSP (See Attachment). Kate explained that it is very important to have consistent common understanding of the project. She wants to receive comments about the document as to edit and then distribute. The explanation began by describing the intent of the Program. First was intent and second was the purpose to supplement and help person centered medical homes (PCMH). Third was seeking reviews and comments of the committee and coordination of the different items on the provided table. Kate asked if document was useful and for comments.

[http://cgalites/med/committees/med1/2015/0415/201501415ATTACH\\_A%20Brief%20Primer%20on%20MQISSP.pdf](http://cgalites/med/committees/med1/2015/0415/201501415ATTACH_A%20Brief%20Primer%20on%20MQISSP.pdf)

Rep. Cook apologized for being late and thanked Kate for her work

Ellen Andrews expressed her concerns with the timeline of the second wave.

Kate explained that that was an error and the time frame should have been till 2018.

Ellen explained how there would be a downside risk and asked it be struck from the document. She was comfortable with attributing but wanted to know more details.

Kate added that there are concerns from providers about rates. Intentions are to maintain current rates of FQHC or Primary Care. Specialty rates are an ongoing issue.

It was added that the Equity and Access Council took a long time looking at attribution and the possibility of having to cover 100 percent of care. It was questioned what the provider would do under shared savings.

Ellen believed the subject was extensive and that work groups would be helpful.

Kate explained current attribution.

Mike Corjulo felt that from his perspective the shared savings program could be used comfortably. He added his belief that the second paragraph would be helpful to include some of the barriers on the provider end.

Stephen Frayne explained similarity to that of some of the design groups working on SIM, adding that a specific target on savings shouldn't be expressed. He suggested that any savings are good so long as quality is sustained and that if savings are obtained but there is failure on quality, that money saved should be used to improve quality. He found a difference in attribution between the PCMH model and what needed to be done here.

Kate appreciated the comments and would consider it when meeting to talk with the commissioner.

Sheldon Toubman explained several things that he believed should be added to the document to give clarity and consistency.

Ellen Andrews reiterated that having to deal with so many things, it would be good to use work groups to have longer conversations. She explained her issues in Marketing and specifying the distribution of shared savings.

Kate thanked the group and asked that future comments be channeled to the clerk prior to the next meeting. She turned the meeting over to Mercer.

Charles Lassinger presented the MQISSP MAPOC Care Management Stakeholdering Timeline drafted by Mercer (See Attachment). He walked through the time line on a month to month basis and explained the areas of attention that would be given at the time and the necessary tools to achieve the objectives. He opened the meeting to questions.

[http://cgalites/med/committees/med1/2015/0415/20150415ATTACH\\_MAPOC%20Care%20Management%20Committee%20DRAFT%20MQISSP%20Stakeholdering%20Timeline.pdf](http://cgalites/med/committees/med1/2015/0415/20150415ATTACH_MAPOC%20Care%20Management%20Committee%20DRAFT%20MQISSP%20Stakeholdering%20Timeline.pdf)

Ellen Andrews felt that a more neutral stance should be taken on the questions of the documents.

Kathy Lee Hall asked a question about system updates and the continuance of checks to make sure the model was accurate as it is implemented.

Jane McNichol added that there are a lot of contributors that are not a part of MQISSP, and questioned how DSS would recognize their contributions to the program.

Kate McEvoy explained that it was a larger issue and that a HIT plan is being worked on because there isn't even data sharing between the departments. Incentives could be used to non-medical providers.

Rep. Cook informed the Committee that the meeting would need to end by 11:30 as the room was booked for another meeting. She wanted to talk about work groups.

Dr. Zavoski explained that he felt that work groups would be important to look at the different aspects. What would they discuss and what would their structure be.

Ellen Andrews added that she would like things to be done online with focus on questions which could be grouped together and then worked on.

Kate McEvoy stated she had seen attribution method and quality measures as specific topics for work groups and asked for further topics.

Ellen added the composition of an advanced network, high utilizers, and other important topics that she “quickly” came up with.

Kate McEvoy wanted to group some topics for work groups to focus on. She felt that making broader groups would ensure everything got covered.

Kathy Lee Hall questioned the efficiency and times of these work groups.

Kate McEvoy explained that many of the groups that have already worked on similar topics were not dedicated to Medicaid and model design of MQISSP.

Rep. Cook asked what sort of timeline DSS needs.

Kate felt that the timeline presented from Charles should be used as a guideline and that quality measures should be focused on first.

Stephen Frayne supported the idea but felt that rather than having separate groups maybe it should be done as a whole. He felt separate, discrete groups might not be as comfortable.

Ellen Andrews said she would be fine with that considering time but added her concern that the timeline and that it would be difficult to meet and everything would not be able to be reviewed.

Sheldon explained how work groups worked on the equity council and believed they could work well if implemented correctly. He added that some of the important issues he had stated earlier should be included as topics of focus.

Rep. Cook explained that she would have a conversation with Kate about the best way to get these working groups going and form a timeline according to what the Department needs.

Ellen asked if it could go out to all Council Members who may be interested in these specific topics and have expertise.

DSS stated that while looking at the Quality Measures, SIM quality Measures would also be looked at.

Sheldon asked about the CHN presentation.

Discussion followed about the process and how the meetings should be facilitated.

**III.** Rep. Cook acknowledged the new clerk. She asked committee members to be patient as the transition of information and tasks were proceeding.

The meeting was adjourned.

